

Head Start Eligibility Verification



1. Child's name:
2. Child's date of birth:
3. The child is eligible to participate in the program. ☐ Yes ☐ No
4. Check the applicable category of eligibility for this child:

- | | |
|--|--|
| <input type="checkbox"/> SSI | <input type="checkbox"/> Income (<i>check box that applies</i>): |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> <i>Below federal poverty guidelines</i> |
| <input type="checkbox"/> Foster Care | <input type="checkbox"/> <i>Between 100-130% of federal poverty guidelines (no more than 35% of enrolled children may fall into this category)</i> |
| <input type="checkbox"/> Public assistance | |
| | <input type="checkbox"/> Over- Income |
| | <input type="checkbox"/> <i>Counted as part of 10% maximum for non-AI/AN programs)</i> |
| | <input type="checkbox"/> <i>Counted as part of the 49% maximum for AI/AN programs)</i> |

5. What documentation was used to determine eligibility?

- | | |
|--|--|
| <input type="checkbox"/> Income Tax Form 1040 | <input type="checkbox"/> Written statements from employers |
| <input type="checkbox"/> W-2 | <input type="checkbox"/> Foster care reimbursement |
| <input type="checkbox"/> TANF documentation | <input type="checkbox"/> SSI documentation |
| <input type="checkbox"/> Pay stub or pay envelopes | <input type="checkbox"/> Other |
| <input type="checkbox"/> Unemployment | If Other, please explain: _____ |

Documentation of no income: _____

5. Staff signature:

Date of eligibility verification:

6. Staff name:

Title:

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